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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

LEUCOCYTHEMIA, WITH REPORT OF A CASE.

Crede quod habes, et habes.

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Of Caldwell, Noble County, Ohio.

Read b fore the Meigs and Mason Academy of Medicine.

Jane D., an unusually bright, precocious child, æt. eight years, attended school regularly last fall and summer (1870), not missing a day of the terms, reading, writing and studying books that are usually considered to be too profound for eight year old brains to master. Every evening upon returning to her home, from school, she would complain of an intense, throbbing pain in the head, seated in the right side of the forehead, directly over the frontal eminence. This pain, as we have said, and as the child's actions plainly indicated, was *very* severe, and could be relieved, by the child's parents, in one way only, and that by continuous and firm pressure made by the hands grasped around the head, or by means of a tightly drawn bandage.

This pain continued for months, increasing daily; nevertheless the child was continued at school, and appeared never to be satisfied unless she had a book or paper in her hands. Finally, she began to lose flesh, grew thin and pale, was peevish and easily irritated, and had a tired, care-worn look, just as we would expect to find in a child whose brain was being so cruelly and terribly taxed.

This condition of affairs was kept up until about the first of December, 1870, when, on returning to her home from school, she was taken with an alarming epistaxis, and a physician sent for. The hemorrhage was profuse, and continued (although the doctor used all the skill of which he was master to check it) to syncope. After she recovered from her faintness, hemorrhage ceased, or, I should say, was arrested during the faint. The attending physician, without attempting to come to any conclusion as to the cause of the trouble, and stating that it was a "simple nose bleed to which many children are subject," prescribed iron and left, supposing that the child would come round all right after a few days rest and twenty or thirty doses of his favorite *bicarbonate*.

In precisely two weeks from the first hemorrhage, at about the same hour in the day, bleeding returned, and was not checked until kind nature again interposed a faint between life and death. The same physician called during the first attack was called again. This time his examinations were more critically made, but arriving at no positive diagnosis, he ordered iron in increased doses, and took the case in hands for treatment, and visited her for the next few days regularly, when from some unaccountable reason he neglected his calls; could not be found, though sought for high and low by the father of the child; and I was called upon and went, finding the case about as follows:

General appearance bad; child looked old and weary; face deathly pale, and prolabia bloodless; eyes wild and staring, showing at least two lines in breadth of the sclerotic covering of the eye-ball, between the upper border of the iris and the lower border of the upper eye-lid; face was bloated, and nose swollen, presenting that appearance denominated "frog faced;" abdomen greatly enlarged, especially over the region of the liver,

stomach and spleen, and somewhat tympanitic and extremely tender to the touch; respiration 35 per minute, and mucous rales over the entire surface of both lungs; cough constant and annoying; pulse 130, small and irregular; *chorea marked;* in fact the head, body, arms and legs, were in constant motion, while articulation was indistinct and stammering; tongue coated with a heavy, brownish fur, with breath fetid and sickening; anorexia complete; sleeplessness was marked and peculiar; she would awake in the morning about nine o'clock, and remain awake until about five o'clock the next morning, when she would go off into a sleep, with eyes wide open, and her legs and arms in constant motion, to awake again at nine o'clock, and remain awake for the next twenty hours.

From the number and prominence of so many very marked symptoms, you will very readily conclude that I, like my predecessor in attendance, could arrive at no very speedy diagnosis; but telling the child's parents that the case was one of chorea, with something additional, probably a tumor or polypus in the course of the "nasal cavity," I ordered a bath, and prescribed bromide potassium in 5 gr. doses, every two hours until sleep was produced; an expectorant mixture for the cough, and turpentine stupes to the abdomen, and left, promising to call the next day.

December 29, 1870.— Child *slept none* last night, never closing an eye; pulse, 120; cough *loosened* and less troublesome, with respiration easier and decreased as to frequency; abdomen much less tympanitic and tender, though, on examination, I find that the liver and spleen are both enlarged, the spleen greatly; in fact all the glandular bodies are enlarged, and especially the thyroid bodies; chorea not lessened; some symptoms of a return of the hemorrhage. Ordered a dose of castor oil and turpentine, to be followed, after the action of the cathartic, by opium and quinine every four hours; mineral acid three times a day; the whole body to be sponged with tepid acidulated water in the evening; turpentine stupes continued.

December 30, 1870.—Child *apparently* better having slept most of the time for the last 24 hours; coughs but little; chorea greatly lessened; abdomen scarcely at all tender, and enlarged only over liver and spleen; tongue looks better; articulation more distinct; asked for something to eat to-day and appeared to relish her victuals, the first time in weeks; pulse 112 or 115, with heart sounds normal but feeble; treatment was continued with the addition of all the "beef essence" she could take.

December 31, 1870.—Patient did not sleep so well last night; the sleep was not so sound as on previous night, being disturbed by starts and screams, probably due to unpleasant dreams; condition of abdomen and bowels is good, tenderness being insignificant; no appetite; pulse 120 and still very feeble and irregular; respiration less labored, though mucous rales are heard over both great bronchi; cough more troublesome than yesterday, and on examination I find both tonsils greatly enlarged and uvula elongated. This is probably the cause of the principal part of the cough. Chorea more marked than on previous visit; patient cannot put her hand to her mouth, and in attempting to do so often strikes herself in the face or misses the head entirely. (I notice when my patient goes to sleep under the influence of opiates that the chorea ceases during sleep, but when her sleep is natural her arms and legs are in constant motion.) She complains to-day of a violent pain under the bridge of the nose, and is constantly picking at the nose; the face is more swollen than heretofore; pain in side of head continues; slight epistaxis. Quinine omitted and patient ordered opium and bromide potassium every four hours, with weak egg nog and a larger amount of beef essence, and to be sponged two times a day in tepid acidulated water, muriatic acid being the acid used, and to take no acid internally.

January 1, 1871.—No change for the better; opium, in large doses, will make her quiet and sleep, though its effects on the stomach and bowels and appetite are not what we could desire; cries with pain in the nose and is constantly picking at it; slight general anasarca to-day, marked especially in the face and ankles; she is evidently getting weaker; same treatment.

January 2, 1871.—No better, but still weaker, and I am puzzled more and more; I certainly have a very large elephant on my hands, though convinced that unless something is done, and that speedily, I will not have it on my hands many days longer. I request of

the child's parents that they call Doctor M. to meet me to-morrow in consultation.

January 3, 1871.—Met with Doctor M. The doctor made a thorough examination, and expressed himself to me about as follows: "In all my practice of some fifteen years, and throughout the whole course of my reading, I have never come across a case like this before; I have no opinion to offer, either as to the cause of the trouble or its character or plan for treatment; but as some of the marked symptoms seen in this case are laid down by the "old writers" as "*worm signs*," suppose that we, in order to give our patient the benefit of all *possible theories*, put her on santonine for the next twelve hours." I willingly favored a trial of santonine, and, accordingly, all other remedies were stopped and santonine substituted, to be followed by a brisk cathartic.

January 4, 1871.—Called to see patient about 4 o'clock to-day; found that she had taken her medicine as directed, and that the cathartic had acted freely, producing the following results: One *four inch long lumbricoid* and more than *two feet of square prostration*, with an increase of the chorea. I returned to my former treatment of the bath, nourishing diet and opium, and requested of the parents that they call Doctor K. to meet me to-morrow at 8 o'clock.

January 5, 1871.—Met with Dr. K. this morning; found my patient more prostrated than I had yet seen her; anasarca marked; chorea about as yesterday; had slept none last night. The doctor examined her as well as circumstances would admit; listened to a full history of the case, from commencement to date, with treatment and its results, etc.

The doctor had no positive opinion to offer, though he believed it to be an aggravated case of hypinosis, or a diminution of the fibrine of the blood. With that conclusion I certainly will agree, though it leaves us as much in the dark as we were before. The fibrine is diminished in all continued fevers, and many other diseases, and is no more to be considered a separate disease than paralysis is a disease, or dropsy is a disease, but it is a result of some other disease in this case. The doctor visited the case again with me in the evening, though without arriving at any positive conclusions.

During our visit in the morning, by the doctor's advice, the treatment was changed in part, and the patient put on phosphate of iron and strychnia. Under this treatment she gradually sank, and died about five o'clock on the morning of January 6th, 1871, some five weeks after her first hemorrhage, and three weeks after confinement to bed. Of course, as in nearly every case a country physician is called to attend, no *post-mortem* examination was allowed.

CONCLUSIONS.

When first called to see this patient, I thought I had a case of chorea with a tumor, probably of the frontal sinus, pressing upon the brain. The localized pain in the forehead, the appearance of the eyes and swollen face, all to me indicated tumor; and the hemorrhage, led me to believe that it was polypoid, growing, no doubt, from the mucous membrane lining some part of the nasal cavity; I was aware that polypoid growths were not uncommon, growing from the schneiderian membrane. It struck me as *possible* that such a tumor might grow from this membrane, and gradually but slowly enlarge until it entirely filled the cavity in which it originated, press upon the brain, giving rise to the swollen face, pain in the head and chorea, and then, when it could grow no larger, rupture its coverings and discharge its contents, blood, as this had done. The enlarged liver and spleen were easily credited to much-abused malaria; the cough, the tympanitis and abdominal tenderness I considered to be purely accidental so far as the case was really concerned; the anasarca I knew was due to anemia and impoverishment of the blood. Still, I must confess, I was not precisely satisfied with this diagnosis; had I been I should not have desired a consultation.

I gave to the gentlemen, with whom I consulted, my opinion of the case about as I have here related it; they did not agree, neither did they disagree; but having no very sure opinion to offer, offered no very sure opinion. I am very glad thay had no opinions, for had they I *might* have accepted it and neglected to study the case, as I have since done.

The first gentleman with whom I consulted thought probably the patient had worms; treatment proved otherwise. The second gentleman believed it to be a case of hypinosis, and was correct, no doubt; but that was not all. Adopting the usual style that "When the horse is stolen lock the stable door," I

waited until my patient was dead before I studied her disease, as I should have studied it while she lived; but since her death I have studied every work within my reach, *and believe I know to-day of what disease Jane D. died;* and believe the history of the case will prove me correct when I pronounce it a case of leucocythemia.

FLINT, in his work on Practice, says: "There is but one morbid condition relating to the colorless corpuscles of the blood as yet ascertained; this consists in their abnormal multiplication. To this condition BENNETT gave the name of leucocythemia, signifying *white* blood cells. In order that we have this condition of the blood, the white corpuscles should be greatly increased, amounting to, at least, one to every twenty of the red corpuscles; cases have been observed when the white equaled the red corpuscles." FLINT further says: "Patients afflicted with this disease are anemic. They present the pallor of anemia together with the phenomena symptomatic of that condition. Febrile movements characterize certain cases, and in these cases the vital forces are rapidly impaired, and death takes place by exhaustion."

Diarrhea is apt to occur in this class of cases. Other cases are characterized by hemorrhages occurring from the nasal passages or other situations; and the loss of blood may be sufficient to prove the immediate cause of death.

Dyspnœa, independently of any appreciable lesions of the chest, has been observed.

Diminution of the vital forces, progressing more or less rapidly, belongs to the history of this condition *which ends fatally sooner or later*. It is doubtful if recovery ever takes place in cases in which the condition is well marked. The average duration, before a fatal result, is estimated by TROUSSEAU to be from thirteen to fourteen months. We ALWAYS find associated with this disorder, an *enlargement* of the spleen and lymphatic glands, and generally a diseased condition of the thymus, thyroid and supra-venal bodies.

Jane D's. was a case without fever, presenting all the symptoms enumerated by FLINT, and more too. Her mother told me that Jane had been "ailing" for a year or more. She also said that the blood the girl lost by hemorrhage did not coagulate, but remained fluid and thin.

Right here, while I think of it, I desire to ask a question: *Is not an abnormal multiplication of the colorless corpuscles of the blood the cause of chorea at all times?* Are not all persons, laboring under chorea, anemic? Does not our present method of treating chorea by tonics and iron teach us that chorea is a blood disease? Did any one ever examine the blood microscopically in a case of chorea? Is not the spleen enlarged in chorea? AITKIN, in his Practice, says, with regard to leucocythemia: "The most frequent complication is an enlargement of the spleen. This enlargement is so constant that its existence, if not otherwise accounted for, would at once indicate that leucocythemia prevailed. In some cases this increased weight is more than seven pounds; the liver is generally enlarged; in other cases affections of the lymphatic glands predominate." He further says: "In the majority of cases there are obvious indications of ill health, and the most prominent symptom has been *tumefaction* of the abdomen, depending upon an enlarged spleen and liver."

Ascites and anasarca of the lower half of the body are not unfrequently present; a tendency to œdema may commonly be observed, the general surface of the body being usually pale. Transitory pains in the abdomen are frequently experienced. Intestinal disorders are often also present, such as vomiting, constipation, or diarrhea, and jaundice is not unfrequent. A considerable amount of dyspnœa prevails, which cannot be accounted for by the elevation of the diaphragm merely. Hemorrhage often occurs in the form of epistaxis, or takes place from the gums. The disease ordinarily runs a chronic course and a high degree of emaciation ordinarily accompanies it. The disease is usually well established before it is noticed, and before any remarkable disturbances in the general health have occurred.

It is not until toward the fatal termination that any fever sets in, which then assumes the hectic type. The nervous system often partakes in the general disorder. He further says that the cause of the disease is unknown. VIRCHOW says: "It probably results from inflammatory swelling of the glands after colds." AITKIN says that "hitherto no case of cure is known. As to treatment, the most varied remedies have been tried, without preventing the increased accumulation of the

corpuscles. Tonics, nutrients and stimulants are required to support the body, and the use of the bath ought not to be neglected."

We could go on, piling line upon line and page upon page, but think we have written sufficient to prove, at least in our own mind, that our opening declaration is correct, *that the disease of which Jane D. died was leucocythemia.*

Gentlemen of the Meigs and Mason Academy of Medicine: I hope you may give this case your careful consideration before passing judgment on me; that you will study it in all its bearings, supplying my omissions and omit all that is superfluous; and overlook the many errors you are sure to find in so hastily written a paper. Respectfully,

GEORGE A. WAY.

POMEROY, OHIO, January 26, 1872

EDS. MED. AND SURG. REPORTER: The foregoing report of case, with remarks, were ordered by the Meigs, and Mason Academy of Medicine to be sent to the REPORTER for publication, with the statement that the members of the Academy are not to be considered as committed to the conclusions of the paper.

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HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Surgical Service of Prof. D. HAYES AGNEW.

[REPORTED BY DE F. WILLARD, M. D.]

Fractures of Radius and Ulna.

We have here two cases of injury to the arm, in which it is suspected that the bones have been broken. A simple fracture is, as you know, a separation in the continuity of the fibres of a bone, and may be either complete or incomplete. A compound fracture is one in which there is an external wound, which *communicates with the fracture*, not merely a wound with a fracture. A bone usually breaks in in an oblique direction, rarely transversely. The causes of fracture are predisposing and exciting; the former embracing age, sex, disease, occupation, etc., and the latter, force and muscular action, the last mentioned playing a much more important part than is usually considered.

The chief signs noticed in a fracture are as follows: loss of function, deformity, pain, swelling, preternatural mobility, crepitation and discoloration; but these may not all be present.

Crepitation can not always be detected if too long time has elapsed since the injury, or if the fragments are impacted or overlapped. It can only be confounded with the peculiar roughness sometimes found in articulations after they have been long idle, but this is quite different in its character and is moist, while true crepitation is dry. As to the manner of eliciting crepitus, of course it will depend upon the bone involved. One's common sense must show him the best direction in which to move the fragments. If there is any uncertainty, always etherize.

Discoloration is often an additional diagnostic sign, especially when it appears after four or five days, showing that the blood was effused beneath the deep fascia, and has slowly made its way up through the little apertures made by the blood-vessels as they come up to the surface. The blood comes from a rupture of the endosteal vessels, and this leads me to speak of *repair*, or the method by which a bone, the continuity of whose fibres have been separated, reunites.

As I have said, in fracture we must have hemorrhage. This blood is discharged into the medullary canal, around the ends of the bones, under the periosteum, into the cancellated tissues, and up through the crevices in the muscles. This blood not being exposed to the air, does not coagulate, and in a few days, acting as a foreign body, sets up an inflammatory action, which is accompanied by all the phenomena of an inflammation, *i. e.*, heat, swelling, transmigration of leucocytes or white corpuscles, etc., etc., so that by the eighth day there is quite a quantity of effused material around the ends of the fragments. At the end of this time there comes a period of apparent repose; yet it is not repose, for a process called organization is now commencing, and preliminary bony tissue is being formed The soft effused material now becomes more consistent, and the substance which has been thrown out into the medullary cavity acts as a pin or inner splint, in fact it is spoken of as the "pin of Dupuytren." The outside material hardening forms a ferule—the provisional, temporary, or ensheathing callus, but as time goes on a more permanent change takes place, the "pin" is absorbed, and about the ends of the bones a fixed or permanent or definitive callus is formed, which on the eighteenth or twentieth day commences to ossify, and from this time the modeling process goes on for years, in fact, perhaps, until death. In a few years it becomes a perfect bone, with Haversian canals, medullary cavity, etc., and is even stronger than before. The term "callus" is used by some writers to denote all the different stages of the throwing out of this uniting material, while others limit it merely to the time of the deposition of salts.

The amount of this material will, as a rule, depend upon the irritation to which the fragments are subjected, and consequently we find that animals who keep their broken bones in frequent motion have a large quantity,

while in man, who is usually subjected to treatment, there is far less. This new formation occurs in the medulla, in the Haversian canals and around the ends of the bone. Its origin is both from the periosteum and from the Haversian canals themselves. It cannot be entirely from the periosteum, else there could be no new formation at the point where tendons are inserted.

In treatment, the object is to bring the parts into their proper position, and then, to retain them firmly there. If there is much shortening by overlapping, extension and counterextension may be required. In making these movements the member should be grasped at a considerable distance from the seat of fracture, otherwise spasmodic contraction of the muscles might be provoked. When the muscles are strong, this may be done by assistants, while the surgeon manipulates and coaptates the ends, bringing them into proper position —he "sets" the fracture. In doing this he should remember that the rigid straight position is not always to be desired, since bones themselves may be normally curved.

When the arm or fingers are broken the surgeon can himself perform all manipulation, and in coaptation his desire shall be to handle the parts as little as possible after he has brought them into the normal condition and all deformities have disappeared When this is attained he will know that the coaptation is completed, and retention is then to be secured. For this purpose articles called splints are used, which may be made of any convenient material which is rigid enough to enforce immobility. Boards, shingles, cigar boxes, pasteboard, wire, leather, etc., etc, may all be used at pleasure. In addition to these, rollers, oakum, tow, cotton, adhesive plaster and junk bags, complete the armamentarium. With a few simple articles, almost every fracture can be well treated, provided the important adjuvant of "good, mechanical common-sense" is used.

As a rule, a bandage should always be applied to a limb before the dressings are put on, since it adds greatly to the comfort of the patient by equalizing pressure and preventing muscular spasm. The only exceptions are in fractures of the forearm and in one or two of the leg.

A case should always be seen within twelve hours after the first dressing, and the bandage removed if the swelling has made it so tense as to cause pain. If comfortable, however, it may remain for twenty-four, but should always be renewed at the end of that time, this should be repeated in twenty-four hours more, after which time, if all has gone well, it need not be disturbed more than once in three to five days. It is well, however, to see your patient for the first five days in order to watch the course of the inflammatory symptoms. If these are severe, use lotions of lead water and laudanum.

Let us look at the cases before us. I take the arm of the first, and grasping the hand, gently pronate and supinate it, while my other thumb and finger are placed upon the head of the radius. It rotates in unison with the hand, and after a few other movements, I am sure the radius is intact. Grasping the ulna, however, I find a different state of affairs; for as I move the lower part of the bone, the upper does not follow it, but can be moved in an opposite direction, while at the same time I feel that peculiar rough, grating sensation, known as crepitus. This, with the preternatural mobility, loss of function, pain and swelling, all indicate a fracture. How shall we dress it? First, draw upon the hand until the ends are brought to the proper position, and then mould the parts into shape. This can be easily determined, for the ulna is superficial throughout nearly its whole extent, and unless the swelling is great there will be no difficulty. In all fractures of the forearm, either of one or both bones, the greatest danger lies in the approximation of the bones and consequent obliteration of the inter-osseous space. To prevent this it was formerly customary to pad the splints, so that the center should be the highest, making them wedge-shaped; but this is unnecessary, for if you will look at the normal shape of the arm itself, you will see that merely a flat surface is sufficient, for when it is pressed firmly down it must drive the thickest portion of muscles, the center, into the interosseous space, and thus fulfill every indication.

The splints to be employed in all fractures of the forearm, either one or both bones, save those at the lower end of the radius, are two straight boards, long enough to extend from the elbow to a half inch beyond the fingers, and wide enough to be entirely free from the arm, since no lateral pressure must be made. These splints are to be well padded, and pledgets are to be placed over the knuckles and other prominences, while the palm of the hand is to be thoroughly filled up. The thumb should look directly upward after the enveloping bandage has been applied, and the hand then kept midway between supination and pronation. The arm is placed in a sling and the dressing removed on the following day and so on for three days, after which every other day will be sufficient for three more dressings, and then once in four days. These should be ready for removal at the end of the fourth week, their places being supplied by lighter ones for two weeks more.

The other case is a woman, æt 50 years, who received an injury several days since. I take the radius in my hands, and immediately find that the two portions do not work together, and also that there is distinct crepitus at the lower end of the radius. This, then, is a Colles' fracture, and does not extend into the carpal articulating surface, as does a Barton. A Smith's occurs at a point from 2 to 2½ inches above.

The deformity in these three fractures is

similar to that of a luxation of the wrist, but is easily distinguished from it. In fracture, the deformity is not as great; there is less shortening, and the fingers are not flexed so strongly; however, a slight degree of force causes it to disappear, and it immediately returns as soon as the extending force is removed.

This deformity is most marked in a Barton, since the styloid is here loosened, permitting the extensor tendons lift the carpus and drag it backward. For a similar reason the hand is strongly abducted, being given over to the extensor os metacarp., and primi, and secundi internod. pol. The ulnar styloid process is thus rendered most markedly prominent, the correction of which becomes one of the most prominent indications in treatment. For this purpose the Bond splint, made at a greater angle than usual, or a Nelaton, answers the purpose most admirably. The objection to the latter is, that rigidity of the hand is more likely to follow. With the Bond, the hand is elevated by the wooden pad and carried far over to the ulnar side, while free motion is at the same time given to the fingers.

No posterior splint is used, but two wedge-shaped pads are to be employed—one, anteriorly with the base downward, over the extremity of the upper fragment; the other, posteriorly, but reversed—thereby correcting the antero-posterior deformity.

It is but seldom, however, that all deformity can be prevented, the styloid process of the ulna usually always remaining very prominent. This might be still more avoided by a pad which should press against it, or by cutting out the splint at that point, so that the bandage might impinge upon it.

Another, and the most important difficulty which is liable to follow such a fracture is permanent stiffening of the wrist and fingers, attributable not so much to any anchylosis of the joint, as to the binding down of the tendons by inflammatory adhesions which unite them to their sheaths, and which are exceedingly difficult to break up. To prevent this, passive motion should be instituted as early as the twelfth day, and continued at each subsequent dressing, friction, fomentation and stimulation being added thereto as soon as permissible.

Fracture of Clavicle.

The next patient is a child, three years of age, who fell upon its hands some nine days ago, and has not since been able to use its arm. I strip his shoulders and immediately you notice four things: there is loss of function of the arm; an unsymmetrical condition of the two shoulders, the left one being lower and thrown farther forward than the right; a marked prominence at about the middle of the clavicle, and preternatural mobility of the bone at this point. As I grasp the two portions of the clavicle and move them in opposite directions, I also obtain a sensation and a sound which are very much like that obtained by rubbing together two lumps of loaf sugar. It is an unmistakable impression and once felt is never forgotten—it is crepitus. These characteristics are all satisfactory evidence of a fracture, and if this were a grown person a superficial glance might have alone been diagnostic. A man with such a fracture would probably come into your office with his injured arm firmly supported at the elbow by the other hand and with his head drawn over toward the affected side, a position which he unconsciously assumes in order to relax the muscles, of which I shall presently speak.

In such fractures the external fragment is drawn slightly upward by the action of the sterno-cleido-mastoid muscle, yet not very greatly, for it is soon arrested by the costo-clavicular ligament. The acromial fragment will fall below but will not go in front of the sternal, as the books usually represent, but a little behind, since the muscles attached to the posterior border and angle of the scapula tend to revolve it upon its transverse axis, and as soon as the prop which holds it in position is taken away, it falls inward, downward and forward into the axilla with this slight rotation, which is enough to push the ends of the fragment into the position I have named, and the distance from the sternum to the acromion is diminished. These fractures are sometimes the effect of direct injury, sometimes of indirect, applied, for instance through the hands. In some cases where the force has been great the acromial fracture may be driven down so far as to press upon the brachial plexus, and give rise to temporary paralysis of the arm. If such a fragment could not be elevated by a hook and tenaculum, it would be perfectly justifiable to cut down upon it, and inserting a pry to lift it from its false position.

The indications here for treatment are to bring the shoulder to its original position, to carry it outward, upward and backward, and upon its successful retention in this position will depend the amount of subsequent deformity. Deformity will, however, always exist to a greater or less degree, and you should always thus inform your patients. It cannot be prevented unless some apparatus can be devised to immobilize the scapula more perfectly.

Having perceived the indications, how shall we apply them? The best method is that of *position*, provided patients are sufficiently docile to render it effectual. They should be placed flat upon their backs, on a hard, unyielding mattress, with the head slightly elevated, and the arm placed across the breast in somewhat the position assumed when a Velpeau bandage is applied. The head is elevated to relax the sterno-mastoid, but it is not necessary to place a pillow between the scapulæ. In sleep, however, few persons will remain perfectly quiet, and the fragments are subject to displacement. However, I think that this is usually the advisable treatment for

five or six days at least, placing a watch over them if necessary. After this time there is not much tendency to displacement, and if they become uneasy any ordinary apparatus will answer.

The most common method of treating these fractures is, however, with the apparatus known as Fox's. This consists of a pad to be placed in the axilla of the injured side, to act as a fulcrum, a ring for the other axilla, and a sling for the arm. The pad makes a fulcrum by means of which the shoulder can be pried out, taking with it the outer fragment—thus fulfilling one indication—while the elbow being firmly bound to the side, and lifted by the tapes attached to the sling, accomplishes the others.

This is an apparatus easily made, and answers an admirable purpose. The pad should be wedge-shaped, four inches long and two wide at base. The same results may be obtained from a Levis or a Dessault, but the former is not so easily manufactured and the latter forms too great thickness, especially for warm weather. Six or seven weeks will probably accomplish a cure, but the simple sling may be employed after the fifth.

In children like the one before us, any of these apparatuses are uncomfortable and difficult of application, and you may trust to adhesive strips, placing them in such a manner as to fulfill the above indications. A small pad of lint or tow may be placed in the axilla.

[Adhesive strips were used.—De F. W.]

Editorial Department.

Periscope.

The Diagnosis of Urethral and Vesical Diseases.

The following lecture was delivered at University College Hospital, on November 21, 1871, by Sir Henry Thompson, Surgeon to the Hospital, and published in the *British Medical Journal:*

I commence to-day my usual course of lectures, modified somewhat by circumstances. Thus I condense a little my opening remarks on diagnosis to-day. I may premise that I give this course of lectures on the diseases of the urinary organs, because my wards offer you so large a field for their study, and also because there is no class of diseases in which you can afford so much relief to the patient as in this, or so certainly mitigate suffering. There are no diseases more painful, and none the relief of which will gain you more gratitude from your patients.

In the matter of diagnosis, however, it is of the greatest importance that it should be a correct one, and not only correct, but rapidly made. I have now to say what I have said to you before, that I interrogate all these patients on the same system, and I advise you to follow this plan. I employ only four questions for urinary patients, and I advise you to use these four questions also, and always in the same order. The first question is, Is there any deviation in the frequency of passing urine? The second is, Is there any pain in the act? The third is, Is there any blood in the urine? And the fourth is, Are the characters of the urine altered (quality and quantity)?

We shall see that in all cases of urinary disease these four questions are sufficient, together with the supplementary inquiries which arise out of them; yet we know how often such cases are misunderstood—indeed, the simplest are often mistaken, though not pursuing a systematic question of *frequency*. Almost every disease of the urinary organs produces some deviation in the natural frequency of passing urine. As a rule, let it be understood that a man in health does not generally rise at night to pass urine, and that he passes it during the day about five or six times; but when there is any degree of inflammatory action in the mucous membrane of the bladder, however slight, frequency of micturition is induced. Now, how does cystitis produce this increased frequency? When the mucous coat of the bladder is inflamed, it cannot bear to be much extended; and when the bladder contains five or six ounces of urine, or even less, the sensitive mucous membrane suggests that it should be emptied; instead of comfortably containing fifteen or sixteen ounces, it cannot endure the extension, and calls on the muscles to contract without delay. There is one, and one only, of these affections which does not necessarily produce, at first, frequent micturition. I speak of stricture: here it always occurs after a time; but a man may have a considerable amount of stricture for years before he is troubled in the way referred to. Calculous disease produces cystitis, and thus causes an increased frequency in passing urine.

Now, as a supplementary question, you should next ask, is the frequency greatest at night or in the day? If a man have calculus in the bladder, he is not so much disturbed at night, but in the day he is frequently micturating—all movements make him do so. Now,

that extremely common complaint, *hypertrophy of the prostate*, is worse at night than by day, as far as frequency of passing urine is concerned. Hence, if a man of about sixty years of age says that he has but recently had urinary troubles, and these are greatest by night, the case is almost made out; you may be sure that a very little further inquiry will demonstrate the fact that he is the subject of hypertrophied prostate.

I come to the second question of *pain*. This question is of greater significance. Suppose the patient says he feels pain. Where do you feel pain—low down in the belly? Then there is almost certainly chronic cystitis. Suppose he says that his pain is in the penis or perineum, you must ask if he feels the pain before, during, or after, passing urine. If the pain be before, that is because the mucous membrane is becoming uneasy in consequence of distension. If he find it painful during or after passing urine, and in the end of the penis, he is likely to have stone; and especially, also, if the pain be increased by exercise. The pain is at the end of the penis in stone. It is almost pathognomonic of calculus to find the pain near to the end of the penis during and after micturition. In chronic prostatitis, the pain is also at the end of the penis. This simulates calculus in the bladder more than any other disease.

The third question is, Has *blood* passed? This brings us nearer still to the point. Blood may be seen in cystitis, but very rarely. The mode and the circumstaces in which the blood has passed, however, determine the nature of the disease. An elderly man, who passes blood intimately mixed with the urine, dark in color, and not altered much by circumstances, with frequent rather than painful micturition, has probably hypertrophy of the prostate. In calculus of the bladder you find blood: it is as common in calculus as hemoptysis is in phthisis. Then a calculous patient will find blood in the urine after a drive or a ride, or after hunting, and none if he keep quiet; or he may pass a drop or two with the last expulsive effort at micturition, and with pain at the time. Such urine is usually florid in tint, while, generally speaking, blood passed from the kidney remains long in the bladder, and, from contact with the urine, becomes brown in color—it is like porter. This, also, may happen when the bleeding is due to hypertrophy of the prostate.

Lastly, Is the *character* of the urine perceptibly changed? A man will often tell you his urine is thick; but he does not discriminate between the thickness of pus or mucus, and that from deposited salts, as lithates. Patients are generally very much disturbed unnecessarily on account of thick urine. In this cold weather, the urine, on cooling, deposits its lithates readily, where none would be seen in summer; and you may tell him that, if he apply a little heat to it, he can see for himself that it will become quite clear again, which is never the case if the thickness be due to organic matters like pus or mucus; and if this be not an habitual appearance, you may make light of it. If, on the other hand, a heavy deposit of lithates be constant, you must look into his habits and correct his digestion—probably restrict some indulgence in diet. If, also, the urine do not become clear with heat, you have an organic compound to deal with, and you must find out carefully the source of it.

Let me advise you always to make your patient pass his urine into two vessels for examination. I should not thank you for an examination of urine passed into one vessel; for whatever a man may happen to have lying in the urethra—a passage which is by no means always clear and sound—passes with it. Let him pass an ounce or two into one vessel and examine only what you find in the second vessel. If there be gleety discharge, if there be stricture of the urethra, you will find shreds of pus and mucus and blood-corpuscles in the first glass, but not in the second. In chronic prostatitis, always in hypertrophy of the prostate, sometimes there will be a deposit in the first vessel, which would much mislead you if you imagined it to come from the bladder or kidney. This specimen you must examine for albumen, for sugar, and you must inquire also the quantity passed *per diem*. Well, then, if a patient have told you that he has frequency of passing urine, increased by exercise; that he has pain at the end of the penis; that he passes blood; and that his urine is changed, you may arrive at a pretty good diagnosis of his case. But you would be very much to blame if you did not further examine the man; you must pass an instrument. It is best to be straightforward with patients and tell them so. People have too much common sense to be dealt with otherwise than plainly in these matters. You need not always sound a man with a stiff, rigid metallic instrument at first, who has never had an instrument of any kind in his urethra. It is best to take a soft instrument, pass it gently into the bladder, which produces very little discomfort, and so diminish the patient's fear. You can then say, pass another instrument (which will give you a little more pain), and ascertain completely what is the matter.

[Sir Henry Thompson then exhibited the various instruments used in the diagnosis of diseases of the bladder and urethra, and explained their several uses—promising to continue the subject on the next occasion of his lecture.]

Phosphorus in Skin Diseases.

Dr. James Little read for Dr. Eames, at the College of Physicians, Dublin, a paper on this subject. It commenced with a brief review of the observations of Burgess, Broadbent and Tilbury Fox, on the employment of phosphorus as a substitute for arsenic in the treatment of many cases. Dr. Eames described his method

of using the remedy. A solution of ten grains of phosphorus in one once of olive oil was prepared, and of this a dose of from five to ten minims was administered three times a day; or capsules might be substituted in cases where the oily solution caused nausea or other unpleasant symptoms. Three sets of capsules, containing one-tenth, one-twentieth, and one-thirtieth of a grain of phosphorus respectively, had been made. The first case treated by Dr. Eames with the remedy, was one of severe *acne indurata* of the face, of four years' standing. After six weeks, a cure was effected. In three cases of lupus, similar satisfactory results were obtained. In the first of these, a marked improvement was observed after a fortnight's trial, and the patient continued to take ten-minim doses of the phosphoretted oil for nine months. In the second instance, a five months' course of treatment was followed by cicatrization, and, eighteen months subsequently, there had been no return of the disease. In the third case, the oil was used during nine weeks, but with interruptions, owing to the appearance of grave dyspeptic symptoms. In one case of scrofuloderma, the glandular swellings disappeared in six weeks; in another, a cure was effected in three weeks. Psoriasis also yielded readily.

In one instance of this affection, dyspepsia supervened on the administration of phosphorus, which was then temporarily stopped, and the mineral acids given. A man, æt. 24, with pemphigus, beginning on the abdomen, was quite well in a month. Cases of eczema of the scalp had also been much relieved. Dr. Eames referred to the silvery appearance of the tongue noticed when patients had been taking phosphorus for some time—another point of analogy with arsenic, and to the frequent occurrence of dyspepsia. The latter was to be met by substitution of the mineral acids for a short time. Dr. Quinlan had used phosphorus with great advantage in various cases where depression was a marked symptom, especially in pneumonia. He had occasionally used the amorphous or red phosphorus. The combination of dilute phosphoric acid and cinchona was a most useful tonic. Dr. H. Kennedy believed Dr. Eames' paper to be a very valuable contribution. He spoke of two remedies which he had used with success in lupus: namely, the insertion of an issue, and the internal use of elm-bark. Dr. Jenoken had made experiments with an alcoholic preparation, which had answered very well. Dr. Grimshaw objected to any comparison being made between dilute phosphoric acid and phosphorus, as the former had nothing in common with the latter. He congratulated Dr. Eames on the clearness of his communication, and for having so thoroughly isolated the treatment by phosphorus in all cases. The chairman alluded to the largeness of the dose used by Dr. Eames with advantage. He objected to the substitution of the allotropic variety of the metal.

Intermenstrual or Intermediate Dysmenorrhea.

Dr. W. O. PRIESTLY read a paper on this topic in London recently. He pointed out that, although much had been written concerning dysmenorrhea, and several forms of it had been described in accordance with the pathological views taken of its causes, the description of the several varieties was ordinarily limited to the time of the catamenial period, with the two or three days additional which might precede and follow the menstrual flow. From time to time, however, cases of a more obscure kind presented themselves, in which the chief suffering was remote from the actual menstrual period, but came on, nevertheless, with the same punctuality, and was probably dependent on organic changes associated with the production of the catamenia. Probably other practitioners had observed like instances, as they were not unfrequent, but the author had met with no description of them.

In all the cases detailed severe pain was experienced by the patients midway in the menstrual interval. The pain commonly came on about fourteen days after a catamenial period, and after lasting a variable number of days, ceased before the supervention of the next expected period. In one case, the pain, beginning midway in the interval, ran into the following monthly period, and was relieved by its flow. The suffering was constantly referred to one or other ovarian region, and, in three cases out of four, marked tumor, or thickening from old adhesions, was found in that locality.

The reason for the occurrence of pain in the intermenstrual period, and with such regularity, was not, in the present condition of our knowledge, perfectly obvious. A study of the physiological and pathological conditions left little doubt, however, that it was due to perturbations in the function of "spontaneous ovulation" habitually going on in the ovary. Hypertrophy of the structure of the ovary, or thickening of its indusium, would lead to undue vascular excitement, and impede the advance of ova to the surface in their attempts to attain maturity. It was not unreasonable to suppose, from all known facts of the case, that preparation for an approaching period began in the ovary ten to fourteen days before the occurrence of the monthly uterine discharge; and if the initial steps in the process of evulation were opposed by certain pathological conditions, pain would ensue. Nay, in the absence of distinct organic change, it might readily be imagined how special irritability in the ovary would cause an unusual amount of disturbance whenever there was occasion for the exercise of fresh activity in the organ. This latter class of cases would partake more or less of a neuralgic character.

The treatment would depend on the pathological condition as ascertained by examination. The pain being only a symptom, it

would be needful to inquire into the cause; and if there if were tumor, or thickening depending on former inflammation, absorbent remedies would be indicated. If no organic change of structure could be detected, anti-neuralgic remedies, such as quinine, iron, and arsenic, would best answer the purpose of cure.

Cases of Diabetes Treated by Carbol c Acid.

Dr. ORSON MILLARD writes to the *Michigan University Medical Journal:*

Mr. M., æt. 65 years, called upon me about the first of February last and asked my advice in regard to a profuse discharge of urine that annoyed him very much, although it did not appear to reduce his general health in the least. The urine was clear, of a high specific gravity, and upon the application of Trommer's test, revealed the fact that sugar existed in the urine. Mr. M. assured me that some nights he was obliged to get up to micturate as often as every twenty minutes or half an hour. I at once gave him the following prescription, which had no effect whatever, so far as I could determine:

℞. Tinct. iron, f.℥ij.
Cod liver oil, f.℥jv. M.
Sig.—Take one teaspoonful before each meal.

℞. Potassium bromide, ℥j.
Aqua pura, q.s.ad. ℥jv. M.
Sig.—Take one teaspoonful on going to bed each night.

The above medicine was taken for about ten days without the least effect upon the sugar in the urine, after which I stopped the potassium bromide and in its stead added two drops of carbolic acid to each dose of iron and cod liver oil, with the happy result of finding that the sugar began to decrease within twenty-four hours, and in ten days I found that it had entirely disappeared from the urine, and the quantity of liquid, together with the frequency of the discharge was reduced almost to its normal standard.

My reason for giving the carbolic acid was that it is known to be a powerful catalytic, preventing chemical combination and decomposition, especially that of organic compounds of the sugar class. This is the only case I have ever known treated with carbolic acid, and of course I do not place any reliance upon the result that would follow any single case; but I should try the carbolic acid again, with the reconstructive tonics, and hope others may extend the use of it in that direction, hoping we may find a remedy in the acid that shall prolong life and give the diabetic sufferer a faint ray of hope.

Chronic Catarrh of the Uterus.

The following case is reported by Dr. G. KAISER in the *Cincinnati Medical News:*

In the latter part of December, 1870, I was called to attend upon Mrs. J. D. S., æt. 29 years, married, and the mother of two children, the youngest about five years old. Mrs. S. stated that she had been in bad health since the birth of her second child, which she attributed to the last of her labor pains with this child, which were usually severe and protracted; that she was now in her fifth month of pregnancy, and complained of pain in her head, back and hips, with shooting and throbbing pains through the pelvis; had discharges from the vagina which stained her clothes, and was at times slightly mixed with blood; had very frequent nervous hysteric spells, impaired digestion, and had been confined to her bed for nearly twelve months. She also complained of pains resembling labor pains; and that she had had medical attendance for nearly three years without deriving any relief. With this view I made a vaginal examination, and detected the following, viz.: ulceration of the os uteri, with muco-purulent discharges, hyperæsthesis of the portio-vaginalis, which was swollen, hypertrophied, and of a dark red color. The introduction of the speculum caused her great pain, and brought on her a nervous hysterical spell. Her nutritive functions were deranged. Her urine contained a deposit of lithates. Her bowels were in general regular, but her general condition extremely nervous and debilitated.

Having before me a great variety of complicated symptoms, I directed my attention and treatment mainly to the uterus, which I placed as the seat of the disease, taking in consideration her nervous system.

The womb is supplied with nerves by the two great divisions of the nervous system, viz., the cerebro-spinal axis and the trisplanchic nerves. The first preside over animal life, whilst the second are essential to organic existence. The pain in the back and head, the result of uterine disease, is conveyed through the cerebro spinal axis, while the organic derangements, such as are observed to occur in the stomach, heart and digestive organs generally, are due to the action of the ganglionic department. The feature of lithate deposit in the urine is one of the evidences of impaired digestion.

Under the circumstances the following was my treatment: Ordered the vagina to be well cleansed morning and evening with an infusion of chamomile flowers, milk-warm, by means of a Davidson syringe, and to be continued until further orders. Also

℞ Potass. bromid., ℥ss.
Chloral hydratis, ʒj.
Syr. et aqua menth. pip, aa. ℥iij.
S.—One desertspoonful morning and evening.

℞. Quin. sulph., ʒss.
Massæ. pilul., ʒss.
Ferri carbon., ʒss.
Ext. gentian., ʒj. M.
Ft. pill No. xxx.
S.—One pill three times a day.

January 12.—Discharge per vaginam only slightly reduced; exploration with the finger still produces great pain in the portio-vaginal-

is; general condition slightly better. Ordered the vagina to be syringed with infusion of belladonna, half a pint with one tablespoonful aquæ laurocerasor, morning and evening; the last pills to be repeated; and the following powders:

℞. Pulv castorei, ʒi.
Pulv. rad. valerian, ʒj.
Sacch. lactis, ʒj. M.
Mt. pulves lx.
S.—One powder three times a day.

January 28.—Found patient much improved; the tenderness in the vagina has disappeared.

February 6.—Made a painless vaginal examination with the speculum. The os has nearly a normal appearance, with the exception of a small ulcerated spot, about a quarter of an inch in diameter, at the anterior median line of the os, to which I applied slightly and gently actual cautery. Ordered the last injection and medicine to be continued.

March 12.—Discharged patient well. The ulcers as above described were entirely healed; no discharge of any consequence from the vagina. Patient has gained so much in strength that she is walking all over the house.

April 26, 10 *o'clock A. M.*—I delivered her of a large, healthy female child, of 11¼ pounds in weight. There was adhesion of the placenta to the fundus uteri, which I removed with little trouble. The day following the delivery she was taken with fever, which disappeared under little medication, and I have satisfaction of saying that she is now fully recovered, and able to attend to her household duties herself, without the least inconvenience or nervousness whatever.

In the whole course of my medical study and practice I do not know of any case that has given me more personal satisfaction than the undoubted radical cure of this patient. The points here given are only a synopsis of the general complaints; it would take many pages to enumerate them all. I attribute my main success in restoring this patient to health to her strict observance of my directions, and especially to the thorough cleansing of the affected parts by means of the syringe, thereby stimulating the parts to a healthy and restorative action. In conclusion, I will state that Mrs. S. had never before used, neither had she ever been advised to use, a vaginal syringe.

Reviews and Book Notices.

NOTES ON BOOKS.

——The *Trade Circular*, the official organ of the Publishers' Board of Trade, on entering upon its fourth year, becomes a weekly journal, devoted to the interests of the entire Publishing, Printing, Book, Stationery, News, Music, Art, and Fancy Trades, and Associated Branches.

Within the past week the *American Literary Gazette and Publishers' Circular*, the oldest trade journal in the country, has been purchased and incorporated with the *Publishers' and Stationers' Weekly Trade Circular*, which is now the recognized organ of the trade. But although a trade journal, the editor aims to make it, at the same time, an indispensable paper to the book-buyer and the scholar, by reason of its general literary information and its full bibliographical records of American and foreign literature.

——The *College Courant* is the title of an excellent literary paper published at New Haven, Conn. It takes general interest in college and educational matters. It has a well-conducted scientific department, which is under the editorship of Prof. Geo. F. Barker, M. D., of Yale College. The *Courant* is published weekly at $4 a year.

—— Lindsay & Blakiston announce: Gamgee on Fractures; Le Gross Clark's Outlines of Surgery—second edition; Harley on the Urine and its Derangements; A Hand-Book for the Laboratory—by Professor Sanderson and Foster, assisted by Drs. Brunton and Klein; Brunton's Investigation into the Action of Medicines.

——We are glad to give publicity to the announcement of the following work: A History of Medicine from the Earliest Ages to the Commencement of the Nineteenth Century. By Robley Dunglison, M. D., LL. D., late professor of institutes of medicine and medical jurisprudence in the Jefferson Medical College, of Philadelphia, Pa., etc. Now first collected and arranged from the original manuscript by his son, Richard J. Dunglison, M. D. It will be issued in a small octavo volume of about 250 pages, printed on tinted paper, handsomely bound in cloth, beveled boards. The price to subscribers will be *two dollars and a-half*.

It consists of the historical portions of his lectures, arranged in book form, and will constitute a volume of much interest to the profession. It will be published by Lindsay & Blakiston, Philadelphia.

——The first number of *L'Union Medicale de Canada* has reached us. It is a monthly, edited by Drs. J. P. Rottot A. Dagernais, and L. J. P. Desrosiers. Montreal. $3.00 per year. It contains several excellent articles, and promises well.

BOOK NOTICES.

Fireside Science. A Series of Popular Scientific Essays upon Subjects connected with Every-day Life. By JAMES R. NICHOLS, A. M., M. D., author of "Chemistry of the Farm and the Sea," and editor of the *Boston Journal of Chemistry*. New York: Hurd & Houghton, 1872. 12 mo. Pp. 283. Price $1 50.

This is a very interesting volume upon subjects of every-day home-life, written by one who knows how to interest and instruct. It is particularly adapted to the instruction and entertainment of the younger members of the family, though it is by no means too simple and common-place to instruct older and well-read persons. The work contains chapters on the origin and nature of springs, chemistry of a hen's egg, of a cigar, of a pint of kerosene, of a lump of sugar, and of the human body, rebreathed air, the lost arts, the human hair, the skin, and bathing, infectious germs, the food of plants, etc., etc. We have enumerated about half the subjects treated of. The work is one which our readers will find it profitable to have in the family.

The Works of Sir James Y. Simpson, Bart. Vol. II., Anæsthesia, Hospitalism, Hermaphroditism, and a proposal to stamp out small-pox and other contagious diseases. Edited by Sir W. G. SIMPSON, Bart., etc., New York: D. Appleton & Co., 1872. Cloth, 8v. Pp. 562.

Several of the articles in this volume were published in the collection of Prof. SIMPSON'S works, edited by Drs. PRIESTLY and STORER, in 1856, especially those on Anæsthesia. The remainder are of later date. They all, however, deserve a careful perusal, for few men have lived in this generation who have studied more profoundly the length and breadth of his special departments of medical science than Sir JAMES Y. SIMPSON.

The history of anæsthesia, *cujus pars magna fuit*, is narrated with brevity but evidences deep research, and the various applications of chloroform are rehearsed with minute and clear directions for its administration.

The treatise on Hospitalism occupies somewhat over a hundred pages, and is a powerfully argued plea in favor of small hospitals in country districts, over the large metropolitan hospitals to which we have been tending.

The profound article on hermaphroditism, originally published in 1839 in the Cyclopædia of Anatomy and Physiology, still remains the most complete and exhaustive paper on that subject in English medical literature. It is a monument of erudition and calm judgment.

The brief suggestions on "Stamping out Small-pox," published as late as 1868, have no little interest just now. The means suggested are rigid seclusion of the sick, early public notification of the presence of the disease, surrounding the sick with persons who cannot contract the disease, and through disinfection. Were such regulations universally inforced much good would be done; but it is easy to see they would meet with violent opposition.

First Annual Report of the Board of Health of the Health Department of the city of New York. New York: New York Printing Company, 1871.

Such public documents as the above have an absorbing interest for all enlightened physicians. Among the most serious sanitary problems of this age are those which refer to the maintenance of public health in large cities. Municipal authorities are very far yet from appreciating their duties in this respect, and Boards of Health are too often politically incapacitated from doing their duty.

The appendix, as usual in volumes of this nature, contains the most valuable parts of the work, these being the various special reports. That on the vital statistics of the city shows in the year 1870 a mortality of 28.79 per thousand inhabitants, which is more favorable than might be expected, although it is certainly high.

The report of Dr. J. C. NOTT, special inspector on yellow fever, commenting on the cases on Governor's Island, and generally on the disease, its history, symptoms and progress, is a valuable contribution to the literature of that malady. He doubts the existence of any chemical disinfectant capable of destroying the *materies morbi*, but suggests that the creation of a low temperature by artificial means, in the hold of a vessel for example, would probably answer the purpose.

The Report on Relapsing Fever by Dr. STEPHEN SMITH is carefully compiled. He gives the history of the epidemic and a number of cases. He recognizes its contagious character, attributes it to importation and is satisfied that preventive measures will limit its prevalence. The report on dangerous petroleum oils, by Mr. CHANDLER, is a very thorough exposition of the outrageous frauds perpetrated by dealers in these articles. At present they defy the law and murder right and left with entire impunity. "Danforth's non-explosive burning fluid" is distinctly convicted of several homicides.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, FEBRUARY 10, 1872.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

AN INTERESTING DIAGRAM.

Dr. J. M. TONER, of Washington, has prepared a diagram showing the proportion of white children of both sexes, under fifteen years of age, to the 1,000 white females between fifteen and fifty years—the nubile age—in each State, at every decade from 1800 to 1870. It is designed to illustrate graphically the decline in the birth rate in the United States, and this it seems to do, so uniformly and generally, that we suspect the existence of certain factors in the problem not taken into account.

Massachusetts decreases from 2,226 children to the 1,000 nubile females in the year 1800 to 1,066 children in 1870. Ohio decreases from 3,610 (1800) to 1,702 (1860); Pennsylvania from 2,725 (1800) to 1,612 (1860); and so on.

These facts are not to be explained, as many would have it, by a prevalence of criminal abortion, or avoidance of offspring, at least to any great degree. Nor do we fully believe that the decrease in births is actual, but rather relative. The universal prevalence and malignity of children's diseases this last thirty years are familiar to all. Dr. RUSH used to say that a physician might not see more than a case or two of scarlatina in a life-time, and diphtheria was unknown. Then the influence of emigration must be taken into consideration.

We are having brought to our shores annually hundreds of thousands of emigrants. They are generally adults of middle age. Hence the proportion of women in the community is largely increased over that of the children.

This has some influence, but we incline to believe the excessive and increasing mortality of childhood has more to do with the extraordinary results obtained by Dr. TONER, than any one cause. We have over and over again, in these pages, called attention to the ghastly statistics illustrating this fact.

It is, to our shame be it said, undeniably true that children are not so healthy, and have not the same chance of life now that they had seventy years ago. The causes of this are manifold. But the result is that the sum total of the children in a community are less in proportion to the adults than was the case in former years.

A third and also a potent fact influencing our opinion of what these diagrams show is this: that the decrease is largely owing to, what an English writer calls "the redundancy of women" in the community. They are in excess of the demand for marriage, and hence the number of spinsters is far larger in proportion to the population now than in 1800; and far larger in the older States than in the more recently settled ones. To correct this perturbation in the calculation the number of single women of nubile age in a State must each be credited with as many children as the married women of the State have on an average produced. Every one knows (at least, every one who has traveled in the far west,) that an old maid is a rarity in a new State, whereas in Massachusetts, Rhode Island, and other old communities they are "as thick as leaves in Vallambrosa's vale."

Nothing is more liable to lead to erroneous conclusions than a hasty examination of sta-

tistics, and we have seen some remarks on this very diagram of Dr. TONER's which illustrate this truism. For instance, a paper says: "This table reveals the startling fact that what is held up as the peculiar shame of Massachusetts is equally true of all her sister States. It is shown that only one-half as many children are now born to each thousand women as in 1800, and that there has been a regular decrease from one decade of years to another."

Now there is no "peculiar shame" about it to the reasonable observer, and we believe Dr. TONER is as far as any one from supposing that there is. His diagram furnishes, however, food for deep reflection and careful study, and such investigations cannot fail to lead to most beneficial results.

Notes and Comments.

Therapeutical Notes—Camphor and Bromine Combined.

Prof. DENEFFE, of Ghent, states (*Presse Med. Belge*, November 19,) that for more than two years he has employed a combination of camphor and bromine, which he thinks is entitled to general attention. The celebrated chemist LAURENT showed that bromine will easily unite with camphor at the ordinary temperature, but that the product is slowly decomposed by exposure to the air. M. SWARTZ, Professor of Chemistry at Ghent, has shown that this body, heated in a closed vessel, is resolved into hydrobromic acid and a crystallized compound which is monobromized camphor (*camphor monobromé*), a body body differing only from ordinary camphor by the substitution of an atom of bromine for an atom of hydrogen. It is a perfectly crystallized substance, fusible at 76° C. and boiling at 274°. At Professor SWARTZ's request M. DENEFFE has investigated the therapeutical properties of this body, and has found it to be an excellent sedative for the nervous system. He intends shortly to publish his cases in proof of this, and, in the present communication, furnishes one of these, in which excitement of the nervous system passing into true delirium tremens was effectually relieved. He prescribed it in the form of pills, seventy grains being made into thirty pills, of which one was given every hour until four had been taken. For three days longer from forty-five to sixty grains were given in the twenty-four hours, the quantity being diminished from forty-five to thirty grains daily for a week The recovery was progressive and stable.

On the Action of Chlorides on Calomel.

Mr. MICHAEL CUMMINS says that calomel is not converted into corrosive sublimate by soluble chlorides at the temperature of the body; but near the boiling point of water it is slowly converted into that salt. This is particularly the case with sal ammoniac. When chloride of sodium is used in place of chloride ammonia the calomel does not so readily become converted into chloride, but requires a higher temperature. At 110 deg. no change takes place, but when kept at 120 deg. F. for twelve hours, the calomel is slowly converted into corrosive sublimate. The addition of muriatic acid seems to hasten the action. With nitro-muriatic acid the change takes place spontaneously and at ordinary temperatures.

Expulsion for Advertising.

We are officially forwarded the following: "At a regular meeting of the Niagara County Medical Society, January 2d, 1872, MARTIN S. KITTENGER was expelled for advertising as a specialist while engaged in general practice."

Formation of a Medical Society.

Pursuant to a call the physicians of Miami county, Indiana, met at the office of Dr. C. B. HIGGINS, in Peru, on Saturday, January 20, 1872, for the purpose of organizing a county medical society. The society elected the following officers for the ensuing year: President, Dr. JOHN H. HELM; secretary, Dr. F. B. MCNEAL; treasurer, Dr. W. T. MENDHALL. Dr. C. B. HIGGINS, Dr. JAMES A. MEEK, Dr. WM. H. BRENTON, censors.

Rush Medical College, Chicago.

The Rush Medical College building having been destroyed by the great fire, the faculty, in order to maintain the interests of the college and to preserve its advantages to students and clinic of medicine, have secured the lecture rooms of the Cook County Hospital, corner

Eighteenth and Arnold streets, in which to hold the usual spring course. Having tested the convenience of these rooms during a large portion of the winter term, they feel assured that the instruction will be as thorough and satisfactory as heretofore.

Chloral Hydrate and Cod Liver Oil.

Chloral hydrate is soluble in cod liver oil when warmed; 10 grammes should be dissolved in 190 grammes with the aid of a sand bath.

Philadelphia County Medical Society.

The following officers were elected: For President, Dr. D. Hayes Agnew; vice presidents, Dr. J. G. Stetler, Dr. Wm. Goodell; recording secretary, Dr. L. S. Bolles; assistant recording secretary, Dr. Nathan Hatfield; corresponding secretary, Dr. Henry Leaman; treasurer, Dr. Wm. M. Welch; censors, five years, Dr. W. L. Knight; unexpired term, Dr. Robert Burns.

Cold Water for Chancres.

Dr. HÉMARD (in the *Memorabilien*) asserts that for twenty years he has used, and always with success, no other treatment for chancres and chancroids than thorough washing with a stream of cold water every three or four hours. Sometimes he medicates the water with a little chlorate of potash or carbolic acid. In a few days the ulcer changes its appearance, and then he covers it with a thick layer of collodion, and it heals rapidly. The water should be poured in a narrow stream with some force.

Correspondence.

DOMESTIC.

The Value of Gynæcology Illustrated.

EDS. MED. AND SURG. REPORTER:

It has long been my intention to relate, for the encouragement of those similarly situated, my experience in regard to treating cases of female diseases in parts of the country where this specialty is affected to be discountenanced by the mass of the profession. It surprised me no little to see published in the REPORTER for December 23d, 1871, a communication purporting to come from the pen of one of this unfortunately numerous and dangerous class of practitioners, who has the assurance to hide his shame and ignorance under a name he has evidently little right to assume, viz.: *Medicus*.

In justice to your numerous readers, Messrs. Editors, you should refuse anonymous communications calculated to reflect upon any one in our profession. The science of gynæcology, so gloriously triumphant and successful in the relief and amelioration of suffering as it has proved to be in our day and generation, can safely scorn the attacks of such would-be modest pigmies; but none the less ought such a respectable and widely circulated journal as yours to refuse to be the vehicle of their spiteful venom.*

The difficulties I myself have had to contend with I can best illustrate by a narration of facts. In the fall of '69 I was requested, by her husband, to visit a lady of our town who had been suffering for many years with internal and external piles. The diagnosis had been made by physicians previously in attendance, without visual or digital examination, and she had suffered her stomach, in consequence of this squeamishness on the part of her medical advisers, to be made a percolator for every imaginable nauseous tonic and laxative compound. On several occasions she had been so weakened by hemorrhage that she recovered only after weeks of confinement to bed. On proposing a personal examination she, of course, demurred. I insisted; operated by ligature and scissors, and she recovered perfectly. Only yesterday, on bringing her child to be vaccinated, she said, on leaving: "Doctor, I am now a well woman, after years of agony, and I hope God will bless you for making me overcome my false modesty." She could not submit to an examination at the hands of a physician who came to her with the bashfulness and timidity she herself felt.

In August, 1870, I was called to see Mrs. V., a lady about forty-five years of age, who for four years had endured *medical* treatment for a hemorrhage from the vagina. She had been gradually weakened down, and when I saw her she had been bed-ridden more than a year. She had to be fed like an infant; the slightest motion of the body was sufficient to renew the hemorrhage. In December of the preceding year a consultation was held by four regular physicians, three of them graduates of Philadelphia colleges, and she was informed by all that she must die; that it was

*Our correspondent does not quite understand our editorial position. The communication referred to was not anonymous, as the name and address of the author was sent us with the MSS., and we may here say that he is an esteemed and able contributor to other medical journals besides our own. That his opinions differ widely from our own, his article itself broadly confesses, but if for that reason we were to reject contributions, it would destroy the very object and aim of our editorial labors—that of affording an open arena for the untrammeled discussion of all questions pertaining to the welfare and progress of the medical profession. We may here add that we do *not* publish anonymous communications; but where a writer is known to us to be responsible, he may exercise his option about appearing under a pseudonym.—EDS. REPORTER.

only "nature, the climacteric, etc.," but that the discharge could not be checked. That they had exhausted their means, the cupboard full of bottles and the purse of Mr. V (he had paid upward of $800 on the case) amply attested. Not one had ever made an examination. I found a polypus, attached by a pedicle of the diameter of about one half an inch, to the fundus of the uterus, and occupying nearly the whole cavity of the vagina. The os was widely dilated, and the uterus almost completely inverted. By means of the tampon, made of cotton, and saturated with a weak solution of tannin, which was the only astringent at hand, I controlled the hemorrhage until I had obtained my ecraseur. This was applied without great difficulty, at 1 A. M., and in half an hour the offending mass was removed. In four weeks this miserable wreck of a once stout and healthy woman was able again to attend to her household duties, and nurse several cases of sickness in the family; and she has since been quite well, the menses returning naturally four months afterward. A friend afterward asked the physician who had been the principal in the above-mentioned consultation why he had not found out the cause of the hemorrhage, and he replied, that he was afraid he would be denied if he demanded a personal examination—that his motive would be misunderstood by the family! Can a *medicus* of that stamp trust himself? His conscience should never allow him to burden his saddle-bags with a speculum. The fact is, he ought to live as a hermit or enter a monastery.

I could adduce scores of cases of positive malpractice, similar to the above—cases of fissure and fistula of the anus, treated for hemorrhoids,—of oophoritis, whose periodical exacerbations condemned their unfortunate victims to suffer the acutest agony from drastic cathartics, one of them also losing all her teeth from mercurial ptyalism, the diagnosis being bilious colic; not to mention uterine diseases without number, treated as spinal affections, diseases of the lungs, of the heart, or of the liver. One more case must suffice:

In June of the past year I discovered and removed a calculus measuring four and one-half inches in its mean circumference, and weighing one and one-quarter ounces avoirdupois, from the bladder of a young woman who had suffered untold agonies from its presence there for ten years, and who had been treated by four or five physicians during that time, not one of whom had ever introduced an instrument into the bladder for the purpose of examination. They were all regular physicians, and stood in high esteem in their neighborhoods. The patient has entirely recovered. I need not say that all these cases have gained me credit from my patients, and no end of ill-will from the physicians into whose domains I had trespassed. But would "Medicus" have us understand that a physician's circuit of country is to be mapped out like the counties of a State? If so, how could young physicians ever legitimately gain a practice in any neighborhood without encroaching upon another physician's assumed territory? I go wherever I am called, and I limit no other man of honorable standing in the profession.

A few words more, and I have done. In reviewing my practice, I must positively declare that I am conscientiously of the opinion that I have done more good, gained more credit, and *earned* better compensation from this one branch of medicine, which "Medicus" and his compeers affect so to despise, than perhaps from all the others included. The suffering, which numbers of unfortunate females in our country are condemned to undergo at the hands of these prejudiced and wilfully unenlightened demireps of science, cannot be estimated correctly by any one, except by him who conscientiously ministers to their relief, and he can easily afford to despise the taunts and back-bitings of the small-minded fry who hound in his wake and prate lugubriously of the low standard of morality which can tolerate such humiliating sacrifices of modesty as his treatment demands, in the satisfaction which every honest heart must feel in doing good, and acting according to the dictates of his conscience.

The true physician dare not be swayed by any other feeling. If he mistrusts himself and cannot so far command his passions as to forget, in his attendance upon a suffering woman, that he is a man, far better were it that a mill-stone were hanged about his neck and he cast into the depths of the sea. Then truly is he a shame to his profession, a disgrace to humanity, a stumbling-block and a rock of offense to any community. A physician's life is a high and holy calling, and nowhere more than in the treatment of female complaints can he appreciate the sacredness of his mission. Woe be to him who abuses the confidence of these suffering weaker vessels, and shame to him who judges all physicians' minds in such matters by his own low standard! Thank God, I have yet to say that I ever examined a female unnecessarily, and I thank him, most fervently, too, that my examinations of this sort have been the means of alleviating the sufferings of hundreds! If this subject were but rightly understood by "Medicus" and others of like stamp who hold titles to our profession, we would see no more opposition on the part of our brother practitioners.

The efforts now being made by the Gynæcological Society of Boston to have a chair of Gynæcology attached to every medical college in the country is most praiseworthy, and deserves the hearty support of all. Every one knows, however, that the curriculum already embraces so many branches that in studying all in the limited time required to obtain a degree in this country, one can barely acquire a smattering of some, and a perfect knowledge of none. Their efforts should extend further,

and obtain an extended time for study (four years at least of constant lectures and clinics) at all of our medical schools that pretend to respectability.

HENRY T. BAHNSON, M. D.
Salem, North Carolina.

On Hernia and Trusses.

EDS. MED. AND SURG. REPORTER:

I propose for your columns a few remarks upon the lecture of Prof. JOHN WOOD, F. R. S., on the subject of hernia and trusses, which was published in the REPORTER on the 11th of last November, in which he asserts that the shape, material and adaptation of the truss-pad (evidently meaning a compress) is of more importance than the retaining apparatus. I fully appreciate the importance of these qualities, but no more so than those for retention, as the former would be of as little consequence without the latter, as a carriage wheel without the axle upon which it turns. Without the proper quality and quantity of pressure, the desired object would be defeated. The different properties of a truss are correlatives, which are inseparable without destroying effective force. He claims that the best general outline of a compress (or "pad") for indirect inguinal hernia is an oblique oval, with a flat surface slightly depressed from the margin to the center, and extending half an inch each way beyond the limits of the dilated canal, but that its form should be changed for males to that of a horse-shoe, with a cleft in the *lower* end of the *oval* for shielding the cord and pubic spine from compression; by which he nearly revokes his claim for the use of the *oval*, as comparatively very few but males have indirect inguinal hernia. Now as a horse-shoe (in this country) has but one oval end, this would seem to be the end with the cleft, did he not thereafter state that the *ends* of the horse-shoe (not the oval) lie on each side of the spine of the pubis, which appears to leave the description rather obscure. However, it is perceivable that he, like many others, including most of our truss appliers, adopt the erroneous idea that inguinal hernia cannot be successfully treated without pressure upon the pubis, seeming not to fully comprehend the vast importance of inclosing the "internal ring" by pressure upon the soft parts, without which cure cannot be perfected. Had he advocated the general use of *soft* compresses I could have seen some propriety in pressing upon the pubis; as a *soft* compress upon *soft* parts is not very effective, thus the seeming necessity of the soft pad advocates pressing upon the "external ring" and os pubis. In regard to the necessity, or even the propriety, of having the compress for this variety of hernia extend half an inch in every direction beyond the limits of the dilated canal I cannot admit, for the reason that it would press upon both Poupart's ligament and the pubis, thereby require an unnecessary amount of toleration without diminishing the necessity for the same amount of pressure upon the canal, and also produce the necessity for a greater amount of compressive power in the spring, which unnecessary pressure would necessarily be felt posteriorly upon the points of counter-pressure.

It seems that the professor did not perceive the advantage of having both a pad and compress in front, attached to the compressive power in such a manner as to receive and transfer its pressure from pad to compress, and *vice versa;* each receiving the precise proportion required from different conditions of either the direct or indirect variety, without augmenting the amount of counter-pressure or pressure upon the pubis. By this easily adjusted combination, by which pressure can be increased or diminished upon any portion of the canal, I have prevented protrusion where the tumors had previously extended to the length of ten to twelve inches within the scrotum, by twenty in circumference; and that by pressure upon the soft parts only, with a hard convex compress, less than one and a quarter inches in diameter, and one and three-quarters long. Experience in this kind of treatment, has taught me that there is no danger to the cord or testicle by proper and effective pressure upon the soft parts. I will now close my remarks upon this variety of hernia, by referring to his novel and inappropriate name for the inguinal canal—valvular canal, which name is neither descriptive nor beneficial, in either operations or truss applications; the term is a proper associate of that of "*external hernia*" (for that variety which passes through the "*internal ring*") which name, for the good of students, has been too often imitatingly used; teachers should never multiply unnecessary perplexities or absurdities. In the direct form of inguinal and umbilical hernia, he recommends the ovoid or rounded pad, with a depression or hole in the center, for avoiding any plug-like action, knowing that the natural conclusion would be, that the protrusive parts *would* be pushed into the depression or hole in the center of the pad, he attempts to rebut this reasonable conclusion by asserting that the pressure of the ring pad beyond the margin of the hernial aperture, will keep the tissues stretched across the aperture beneath them, and thereby prevent protrusion; appearing to disregard the fact that the aperture would still exist without the least contraction, and that the integuments generally would yield by distension to the demand of internal pressure, by which protrusion is extended into the cavity or hole in the pad. Thus it will be perceived that his plan can only check the *speed* of advancing protrusion, for the aperture beneath the "tissues" is continually filled with the protrusive parts, when in an erect position. Our object should be to entirely and permanently check protrusion. Here the question may arise, whether this can

be effected; in reply to which I will state that I am using a truss in my practice for the treatment of umbilical hernia, by the application of which protrusion is prevented, and I think nature is assisted to fill the hernial aperture by granulation. The pad is hard, circular and concave, with a round hole in the center. This hole is closed by a compress just the size of the hole and convex on the surface next to the skin. It should fit the hernial aperture loosely, but sufficiently tight to prevent protrusion. It is adjusted to the pad (which extends much beyond the margin of the aperture) upon the same principle of the inguinal truss, so that the pressure upon the compress can be varied according to circumstances.

The professor appears to have a proper idea of the requisites of a femoral truss; but not a perfected plan for its construction. The truss I use for this kind of hernia, has a compress arranged in connection with a pad, upon the same principle as my inguinal truss; but the compress is thrown by an arm, *below* Poupart's ligament, while the pad is above; as any portion of the pressure can be transferred to, and from either end of the compress, it must be admitted to be much more preferable than his plan of sloping off the lower end, to get more pressure upon the upper.

I will now close with a few remarks upon the material for compresses and pads. There should almost never a soft one be used. My patients often tell me how much easier and cleaner my boxwood and ivory are than the soft one; but *they* do not seem to appreciate the elasticity of ivory, of which the professor so instructively but unimportantly spoke. Neither can I appreciate the advantage of the air and water pads he so highly commended; for the very reason he would use them I would reject them—that being for their non-resistant properties, or, in other words, for readily adjusting themselves to the shape demanded by their antagonist.

D. L. D. SHELDON.

New York City, January 25, 1872.

A Physician's Buggy.

EDS MED. AND SURG. REPORTER:

Hoping it may amuse, if not interest, some of your numerous country readers who "peddle pills or pellets" for a living, I send description of a carriage or buggy, which I think physicians may find a convenient and practical arrangement (I mean a four-wheeled carriage, never having used, or fancied, a two-wheeler). In the first place the entrance beneath the seat in front, which is generally left open, should be securely boxed up; secondly, the back panel of the body made to constitute a door, by placing two small hinges at the bottom near each end; then two tiny wire chains attached to the upper part of the door near each lateral margin, the other ends being fastened immediately inside and above the doorway; thus you have a lid that will fold back, thereby frequently forming a convenient dispensing counter; a small till lock with escutcheon or key-ward, also a mortice lifter in the center if desired, to save wearing the key in pulling open, and, which should not be neglected, a key-hole shield which renders the apartment perfectly water tight.

If properly made the molding will not be interfered with and acts as a protector to the upper crack. The entire arrangement instead of disfiguring rather ornaments the posterior of the buggy. With this contrivance we can have a tier of bottles on each side filled with substances that are only occasionally needed, the center being used for hand chests and instruments; besides, we have the foot room and at all times the gratification of knowing our instruments and medicines are securely locked; moreover one is not continually being rubbed or caught between the wheels while reaching in the foot for his box. It matters not how uneven the highway, there is no clanking of chains or rattling of bottles, as might be supposed. After over three years of daily experience with an arrangement of this sort I earnestly recommend it, especially to my country brethren.

One word before parting in regard to size. I prefer twenty-six or twenty-eight inches on the seat; then, if with a tired horse I overtake a lazy pedestrian, I can place myself in the center and in reply to his query very politely say—"I would with pleasure sir, but I haven't room." On the contrary, if a lady wishes to go driving, I save a hire and also have the pleasure of close quarters.

Very truly yours,

J. S. AYDELOTT, M. D.

Snow Hill, Worcester co., Md., Jan. 18, 1872.

The External Use of Chloral Hydrate.

EDS. MED. AND SURG. REPORTER:

I am in receipt of a note from my friend, Dr. W. A. BROCK, of Platte county, Mo., detailing briefly his experience with chloral hydrate as a local anæsthetic. I may explain that the patient to which the quotation below applies was a young gentleman who had suffered many years from hip-joint caries, and had recently undergone an operation of resection at the hip, or some other severe surgical procedure, and had, while suffering from this cause and a severe pulmonary trouble combined, come under the care of my friend.

The doctor says: "I can only say in a private way that the hydrate chloral was used for about one month prior to the death of T. W. A solution of grs. xxx was applied to the fistulous openings—there being five of them with extensive excoriations from sloughing of skin and cellular tissue; the shining red muscular tissue was laid bare from disease and the chloral applied directly to the parts devoid of skin. Anæsthesia by this means was complete for eight or ten hours, when it would be repeated. After commencing the local appli-

cation it was kept up until death, and although the patient had lost much of his physical integrity, he no longer suffered pain. During this time the discharge of pus and carious osseous material from the five openings near the joint was most profuse.

"I have been much pleased with the effects of chloral in traumatic lesions. An Irishman came whose thumb had been badly mashed, the nail torn from its bed, etc. I applied the usual dressings, and after four days he returned, complaining very much, and saying he had not slept a minute since the receipt of the injury; chloral was prescribed [internally I presume.—C.], and from that time forward he lost the pain and regained his sleep. I could dispense with any article of the materia medica better than with chloral hydrate."

The doctor evidently did not intend the above for publication; but as I have nowhere seen the *local* application of the wonderful hypnotic recommended, I think the suggestion worthy of publication. Circumstances may often occur in which the administration of the remedy in this way might be of great value. *The hypodermic* administration of the remedy may become a usage in the future.

Respectfully,

J. P. Chesney, M. D.

St. Joseph, Mo., Jan. 23, 1872.

News and Miscellany.

The Chicago Medical Relief Fund.

The following are the donations of the physicians of Philadelphia for the benefit of the Chicago and far-western sufferers, received by Dr. Ludlow, treasurer of the fund:

Prof. Samuel Gross	$50 00
" Joseph Pancoast	50 00
Dr. Wm. Hirstman	50 00
" C. W. Homer	50 00
Cash—E. H	20 00
Dr. H. Lenox Hodge	25 00
" Morehouse	25 00
" McCuen	25 00
" Murray Chester	20 00
" Geo. W. Norris	25 00
" Caspar Morris	100 00
" Hutchinson	25 00
" J. Ray	20 00
" Wm. H. Pancoast	25 00
" J L. L	16 00
" Washington Atlee	10 00
" J. M. Adler	10 00
" Wm. Ellishaur	5 00
" P. Hara	5 00
" L. D. Harlow	5 00
" Andrew Nebington	15 00
" Julius Kammerer	10 00
" H. D. Benner	10 00
" L. P. Kerchline	10 00
" Chr. Roller	5 00
" Piper & McAdam	5 00
Dr. Theo. Roth	3 00
" Shelley	2 00
" Emil Fisher	5 00
" A. Weber	2 00
" W. Wentler	5 00
" H.—cash	2 00
" Schrott	2 00
B.—cash	2 00
E. Hemrig, druggist	5 00
B. W. Fetters, druggist	5 00
L.—cash	2 00
Dr. Hunter	5 00
" Harlan	5 00
" Strawbridge	10 00
" Benj. Lee	10 00
" L. S. Rolles	10 00
" Coates	5 00
" Wikard	5 00
" J. C. Morris	10 00
" Thomson	5 00
" Wm. F. Norris	10 00
" Wm. Pepper	10 00
" J. Ewing Mears	5 00
" B. Lincoln Ray	5 00
" H. Mullen	2 00
" L. Preston Jones	10 00
" S. Killem	2 50
" Hetzell	2 00
" J. T. Stockton	2 00
" Fieldstein	3 00
" Fox	10 00
" Rush	5 00
Cash	11 00
Dr. Gold	2 00
" M. L. Smith	1 00
" Urquehart	10 00
Cash—L. G	5 00
Dr. Leaman	5 00
" Mifflin Wistar	25 00
" A. B Hinkle	5 00
" J. Solis Cohen	5 00
" Collins	6 00
" Wm. M. Welsh	2 00
" C. H. Miller	2 00
" J. K Uhler	5 00
" H. N. Uhler	3 00
" J. P Riley	2 00
" J. Ross Bunting	5 00
" Todd	5 00
" Chas. Schaeffer	10 00
" G. B. Wood	25 00
" T—— cash	5 00
" Stetter	10 00
" T. Tarrow	10 00
" Eshleman, books and	20 00
" Wm. T. Taylor	10 00
" J N. Walker	10 00
" E. R. Prall	10 00
" S. N. Trote	10 00
" W Ribl	10 00
" Schoales	10 00
" Buckley	5 00
" R. H. Lee	10 00
" Nash	5 00
" Miles	5 00
" J. C. Norris	5 00
" Houghton	10 00

Dr. J. P. Carson	10 00
" J. E. Roberts	5 00
" Wm. M. Turner	5 00
" Corbet, thirteeen volumes.	
" Coates, small pocket medicine case.	
" R. E. McIlwaine, one copy of Practice Surgical Anatomy.	
Mr. Gemrig, six cases of pocket instruments.	
Dr. Rhein, a few instruments.	
Anonymous—forceps, speculum, etc.	
Dr. Sargent, books.	

For General Fund.

G. W. L	$ 1 00
A. L.	5 00
E. D	5 00
Dr. Stetter	10 00
" Rihl	10 00
" Rosenbergher	10 00

For North-western Fund.

Dr. F. W. Lewis	$25 00
L. L.	50 00

The following letters have been received:

No. 384 MICHIGAN AVENUE,
CHICAGO, Jan. 10, 1872

H. LENOX HODGE, M. D.,
No. 903 Walnut Street,
Philadelphia, Penna.:

Dear Sir—Your letter of the 6th inst., to Dr. N. S. Davis, was laid before our committee at its last meeting, January 9th.

You are kind enough to say that the physicians of Philadelphia had contributed the sum of $1,000 toward the alleviation of the necessities of their Chicago brethren.

I am instructed by the committee to express, as far as can be done in language, the deep and heartfelt gratitude of the profession here for this additional expression of generosity and sympathy from Philadelphia physicians. And, also, to suggest that in view of the difficulty of ascertaining the exact necessities of every individual on our list of more than one hundred sufferers, we deem it best to accept, in their behalf, your offer of money, which each can use as his own judgment may dictate.

Please send contributions of all sorts to my address, and oblige yours, very respectfully,

WALTER HAY, M. D.

No. 384 MICHIGAN AVENUE,
CHICAGO, Jan. 19, 1872.

H. LENOX HODGE, M. D.,
No. 903 Walnut street,
Philadelphia, Penna.:

Dear Sir—Yours of the 13th inst. was received on the 15th. I have been prevented by illness from acknowledging it sooner. (Dr. Ludlow's letter, with check for $1,115 inclosed, also received.)

In the name of our committee, in behalf of our suffering physicians, accept from me the assurance of our most profound gratitude for this substantial manifestation of charity and professional regard.

Thanks to the benevolence of yourselves and professional friends in other cities, our physicians are now placed in position to help themselves.

Accept my thanks for your kind attention regarding the catalogues, and believe me, very respectfully,

WALTER HAY, M. D.

The Loss of a Leg.

An ex-army officer, who lost a leg during the recent civil war, has been so impressed, with the peculiarities of his situation and the novel adventures and incidents growing out of that situation, that he has written a book on the subject, entitled "John Smith's Funny Adventures on a Crutch." The author complains good naturedly that he is looked upon as public property, and almost bored to death by the many inquisitive strangers he meets in his travels. "I can never," says he, "obtain a moment's rest in any public place. I no sooner take a seat in a car, restaurant or lecture room, than some one near me, whom I have never seen before, introduces himself with the stereotyped remark, 'I see you've met with a misfortune,' and on my assenting, proceeds to ask the following questions:

"'Did you lose your limb in battle? What battle? Did a cannon ball take it off? A rifle ball, eh? Did it knock it clear off? Did it sever an artery? Did it hit the bone? Did it break it? Did you afterward find the ball? Was it crushed out of shape? Did you fall when hit? Did you walk off the field? Who carried you off? Did you feel much pain? How long after you were wounded was it amputated? Who performed the operation? Did you take chloroform? Did it put you to sleep? And didn't you feel the operation? Not even the sawing of the bone? Could not your limb have been saved? Was it taken off right where the wound was? Can you wear an artificial leg? Would the government furnish it if you could? Do you draw a pension? How much? How old are you? What is your name? What did you do before the war? Don't you often wish you hadn't lost your leg? How does a person feel with a leg off? Does it ache when the weather changes? Would you rather lose a leg than an arm? I have heard persons say that an amputated limb still feels as if it were on; is that so? How do you account for that?'"

The Effect of Light on Small-pox Pustules.

Among the many investigations now being made of the chemical action of light, there are none more interesting or more important than those which are directed to the observation of its effects on the health. It has been observed by Dr. WEBER that the sensibility of the skin is very much increased in those parts

of the body which are always exposed to the light, and this difference has even been measured by that eminent physician. This remarkable fact is especially observable on persons suffering from small pox, the severity of the skin disease being visibly augmented if the patient be not confined in a dark room. Dr. WATERS has recently published a paper on this subject, in which he states that if the room be so darkened that not a single ray can enter it, the effect is to arrest the disease at the papular or vesicular stage; it never becomes purulent, and the skin between the vescicles is never inflamed or swollen; the *liquor sanguinis* is not changed into pus, nearly all the pain and itching are absent, and the smell is, if not entirely removed, greatly diminished. Another advantage, important in a therapeutical point of view, is the assistance given to medicines, the absence of light increasing the excretory powers of the skin.

——It is proposed to place a stained window in Berkeley Parish church in memory of Dr. EDWARD JENNER, the discoverer of vaccination, who was born at Berkeley, lived and died there, and was buried in the chancel of the parish church. The subject of the window, which will cost £500, of which £100 has been subscribed, is to be "Christ healing the sick."

——The *British Medical Journal* hears that Prof. HUXLEY'S health has given way under the strain of continuous exertion, and that he has been advised to absent himself for a time from all occupations as the best means of restoration. Mr. HUXLEY was to spend two months in the mild climate of Egypt, whither he has repaired; and there was every reason to hope that he will return restored to health and vigor.

——The *British Medical Journal* states that on the day Dr. GULL was sent for to Sandringham, he was to have formerly received the appointment of consulting physician to Guy's hospital. Although the dinner which was to have taken place on the occasion did not come off, the appointment has been accepted by Dr. Gull.

——Dr. R. C. SWAIN, of Shannon, Illinois, while in the act of getting on a train at Clinton, Wisconsin, recently, accidentally fell between two coaches, and the forward wheels of the last coach passed over his body about the hips. He lived but a few moments.

QUERIES AND REPLIES.

An Obscure Case.

MESSRS. EDITORS: A medical friend was taken about two years ago with an aching pain in left hip near the trochanter, which lasted about two months, when he was attacked with intermittent fever which lasted several months, during which time the pain was not troublesome, but his gait at this time became unsteady. After disappearance of the chills pain returned, and has continued up to the present with short intervals of relief. Manipulation detects no special local tenderness. Pain is worse at night; he cannot lie on the back or affected side without greatly increasing it. His position is on the right side with affected limb completely flexed upon the body. Changing position relieves pain temporarily. Different skillful physicians have diagnosed the disease as sciatica, sciatic rheumatism, rheumatic neuralgia, rheumatic affection of membranes of spinal cord and neurilema, etc., etc., and he has faithfully carried out the usual modes of treatment for such cases, without anything more than a temporary relief.

Now can you and your readers suggest some remedy for this afflicted brother, who is every way worthy of professional courtesy?

Cairo, Ill. H. W.

Text Books.

Dr. J. F. K. of Iowa.—In our opinion Gray's *Anatomy* Parke's *Hygiene*, and Kirke & Paget's *Physiology* are the best. Dalton's *Physiology* is well written, but not a complete survey of the science.

Is a Diploma Necessary to Practice?

MESSRS EDS:-Under Queries and Replies, MED. & SURG REPORTER, No. 11, Vol. 25, Mr. G. B. P., of Pennsylvania, asks whether a diploma is a legal necessity to practice medicine in Pennsylvania, Maryland, and West Virginia. You reply you believe not in either of the States mentioned; certainly not in Pennsylvania. If you are correct, what does act No. 659, page 707, pamphlet laws, 1870, mean, at least with reference to counties named?

D. M. THOMPSON, M. D., Mahanoy City.

Mineralogy.

Dr. T. C. L., of Pennsylvania.—Dana's *Mineralogy* is the best it can be obtained through this office or of any books ller; price about $5.00. Plumbago is a valuable article, and is extensively used in the arts. The sale for black manganese is less important.

MARRIAGES.

BLACK—GROOME.—On the 31st ult., at Elkton, Md, by he Rt. Rev. Henry C. Lay, bishop of the diocese of Easton, John L. Black, M. D, of New Castle, Del., and Jennie Groome, daughter of the late John C. Groome, of Maryland.

HUNT—SNYDER.—In Utica, N. Y., January 17th, 1872, at the residence of the bride, by Rev. Ross C. Houghton, assisted by Dr. L. C. Queal, Dr. Jacob Hunt and Elizabeth A., daughter of the late Henry W. Snyder, Esq., all of Utica.

KENNEDY—REYBOLD.—January 24th, at Marsh Mount, by the Rev. G. W. Kennedy, father of the bridegroom, assisted by the Rev. D. J. Beale and the Rev. Mr. Porter, Stiles Kennedy, M. D., of Newark, Del., and Miss Mary, daughter of Mr. William Reybold, of New Castle county, Delaware.

MORGAN—TOWNSEND.—At the Church of the Annunciation, New York, January 30th, by Rev. R. U. Morgan, D. D., Bankson Taylor Morgan, youngest son of the officiating clergyman, and Catharine Down, eldest daughter of Dr. John F Townsend, all of that city.

PRINGLE—COOPER.—By Rev. N. C. Helfrich, Jan. 18th, 1872, Dr. George W. Pringle, of New Concord, O., and Miss Jane Cooper, of Norwich O.

DEATHS.

GIBSON.—Dr. Gibson a prominent physician at Bellville, New Jersey, died suddenly January 30th, of heart disease.

OELLIG.—In Waynesboro, Pa., January 23d, '872, Dr. John G. Oellig. Dr. O. practiced medicine in Waynesboro forty years or more.

PIKE.—On the 14th of January, at Sutton, N. H., Eva Pike, wife of Dr. C. C. Pike, only child of Thomas C. and Louisa B. Pike, of Hopkinton, N. H., aged 27 years, 3 months and 4 days.